Reset

Health Care Provider Report

See Instructions on Reverse Side
(WHEN COMPLETED RETURN TO REQUESTER)

H C 0 1

DO NOT USE THIS SPACE

PRINT IN INK or TYPE
Enter dates in MM/DD/YYYY format.

WID or SSN	DATE OF INJURY
EMPLOYEE	EMPLOYER
INSURER/SELF-INSURER/TPA	INSURER CLAIM NUMBER
INSURER ADDRESS	
CITY STATE ZIP CODE	

REQUESTER must specify all items to be completed by health care provider. ☐ Items: _____ ☐ MMI (#9) ☐ PPD (#10)

HEALTH CARE PROVIDER TO COMPLETE ITEMS REQUESTED ABOVE

1. Date of first examination for this injury by this office _____
2. Diagnosis (include all ICD-9-CM codes):
3. History of injury or disease given by employee:
4. In your opinion (as substantiated by the history and physical examination) was the injury or disease caused, aggravated or accelerated by the employee's alleged employment activity or environment? ☐ No ☐ Yes
5. Is there evidence of pre-existing or other conditions that affect this disability? ☐ No ☐ Yes If yes, describe:
6. Is further treatment of this injury or referral to another doctor planned? ☐ No ☐ Yes If yes, describe:
7. Has surgery been performed? ☐ No ☐ Yes If yes, date and describe: _____
8. Attach the most recent Report of Work Ability. Date of Report: _____
9. **Has the employee reached maximum medical improvement?** ☐ No ☐ Yes Date reached: _____
   (If yes, complete item #10) (See definition on back)
10. **Has the employee sustained any permanent partial disability from the injury?** ☐ No ☐ Yes ☐ Too early to determine
    The permanent partial disability is _____% of the whole body. This rating is based on Minn. Rules:

5223.	%	5223.	%
5223.	%	5223.	%

NAME	SIGNATURE	DEGREE
ADDRESS	STATE / LICENSE #/REGISTRATION #	
CITY STATE ZIP CODE	PHONE # (include area code)	DATE SIGNED

NOTICE TO EMPLOYEE: SERVICE OF THIS REPORT OF MAXIMUM MEDICAL IMPROVEMENT (SEE DEFINITION IN INSTRUCTIONS FOR ITEM 9) MAY HAVE AN IMPACT ON YOUR TEMPORARY TOTAL DISABILITY WAGE LOSS BENEFITS. IF THE INSURER PROPOSES TO STOP YOUR BENEFITS, A NOTICE OF INTENTION TO DISCONTINUE BENEFITS SHOULD BE SENT TO YOU. IF YOU HAVE ANY QUESTIONS CONCERNING YOUR BENEFITS OR MAXIMUM MEDICAL IMPROVEMENT, YOU MAY CALL THE CLAIM REPRESENTATIVE OR THE DEPARTMENT OF LABOR AND INDUSTRY, WORKERS' COMPENSATION DIVISION AT (651) 284-5030 OR 1-800-342-5354.

INSTRUCTIONS TO THE INSURER AND HEALTH CARE PROVIDER

Within ten (10) calendar days of receipt of a request for information on the Health Care Provider Report from an employer, insurer, or the commissioner, a health care provider must respond on the report form or in a narrative report that contains the same information. (Minn. Rules 5221.0410, subp. 2)

A. **The employer, insurer, or Commissioner may request required medical information on the Health Care Provider Report form.**

- The requester must complete the general information identifying the employee, employer, and insurer.
- The requester must specify all items to be answered by the health care provider.
- For those injuries that are required to be reported to the Division, the self-insured employer or insurer must file reports with the Division. (M.S. § 176.231, subd. 1 and Minn. Rules 5221.0410, subp. 5 and subp. 8)
- The self-insured employer or insurer must serve the report of maximum medical improvement (MMI) on the employee. (M.S. § 176.101, subd. 1(j) and Minn. Rules 5221.0410, subp. 3)

B. **Instructions to the Health Care Provider for completing the Health Care Provider Report:**

- Items 1 - 5: Fill in all information as required.
- Item 6: Indicate if further treatment or referral is planned. Describe the treatment plan (e.g., continue medication, refer to physical therapy, refer to a specialist, perform surgery).
- Item 7: State if surgery has been performed. If yes, fill in the date performed and describe the procedure.
- Item 8: Attach the most recent Report of Work Ability. (Minn. Rules 5221.0410, subp. 6)
- Item 9: Indicate if the employee has reached MMI. If yes, fill in the date MMI was reached. At MMI, permanent partial disability (PPD) must be reported (item 10). (M.S. § 176.011, subd. 25 and Minn. Rules 5221.0410, subp. 3)

  MAXIMUM MEDICAL IMPROVEMENT means "The date after which no further significant recovery from or significant lasting improvement to a personal injury can reasonably be anticipated, based upon reasonable medical probability, irrespective and regardless of subjective complaints of pain."
- Item 10: The health care provider must render an opinion of PPD when ascertainable, but no later than the date of MMI. (M.S. § 176.011, subd. 25 and Minn. Rules 5221.0410, subp. 4)

  Indicate if the employee sustained PPD from this injury. Check one of the three boxes (too early to determine, no, yes). If yes, specify any applicable category of the PPD schedule in effect for the employee's date of injury. Report any zero ratings.
- Identify the health care provider completing the report by name, professional degree, license or registration number, address, and phone number.
- The health care provider must sign and date the report.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.